

Chapter 1



HERSTORY OF THE PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE

In Pennsylvania, the issue of violence against women was first recognized within the women's movement. During the 1970's women began organizing themselves for support and consciousness-raising, for political action and for helping each other. Many women's groups within Pennsylvania communities started women's centers. In Philadelphia in 1971, a group of women began Women in Transition by establishing support groups for women on separation and divorce. In Pittsburgh, the Women's Center South was originated in a storefront where support groups met regularly. In the experience of most women's center, the staggering number of abused women was overwhelming. When a hotline was established, an influx of calls came from women in danger in their homes. Women's groups heard firsthand about beatings and threats of murder.

In addition, many of the women organizing women's centers had lived or were living in an abusive relationship. Their commitment was very personal. Their individual struggle enabled them to keenly understand the needs of other battered women. As a result of the collective sensitivity among these women at this time, there existed a common bond. Women's groups felt that the struggle of **all** women was to end their role of subservience. Battering was viewed in feminist terms-as an act of violence, which was used to control and oppress women individually and collectively.

The response of women's centers was to organize their informal, volunteer groups into programs to help battered women and victims of rape. Domestic violence programs soon identified domestic violence as a dual problem. Partners were brutalizing battered women. The institutions, which were supposed to help and/or protect them, were indifferent to the problem. Therefore, program efforts were designed to respond to both problems: (1) to help individual battered women by providing safety and support, and (2) to change the societal response to domestic violence, no longer condoning it as a "private matter."

The first shelter in the state was developed by the Women's Center Shelter of Greater Pittsburgh and opened in 1973. Volunteers operated most of the programs with very few paid staff. By 1975 there were a number of domestic violence programs in operation within the Commonwealth and several other groups in various stages of development. These programs included:

- **Domestic Abuse Project of Delaware County**
- **Hospitality House, Erie**
- **Lancaster Women Against Abuse (later named Lancaster Shelter for Abused Women)**
- **SOS, York (later named ACCESS/York, Inc.)**
- **Women's Center, Bloomsburg**
- **Women's Center South, Pittsburgh**
- **Women in Crisis, Harrisburg**
- **Women in Transition, Philadelphia**
- **Women Against Abuse, Philadelphia**
- **Women's Center, Montgomery County**

Protection From Abuse Act

Legal remedies for victims of domestic violence were practically non-existent in the early 1970's. Legal Services attorneys frequently discovered abuse as the prime cause of divorce. However, they found that the tradition of securing "a peace bond" simply was not effective for protecting battered women.

A number of attorneys at Community Legal Services in Philadelphia decided to do something about the problem. One of these attorneys-Lawrence Mass-contacted the Chair of the Judiciary Committee in the Senate, Senator Patrick Hill. Senator Hill and his aide, Ken Neeley, listened to the attorneys describe how battered women needed better legal protection, that existing laws were not responsive to the dangers faced by victims of domestic violence. Senator Hill agreed that there was a need for legislation.

During the effort to pass this bill into law, representatives from domestic violence programs had their first opportunity to meet each other. Introductions occurred in the hallways of the State Capitol before and after meetings. Battered women's advocates discovered that they shared concerns about a wide range of issues. Discovering colleagues who were also struggling to establish new programs was enormously supportive and exciting to these women.

In order to lobby for the passage of the Protection from Abuse Act and to meet more of the other domestic violence groups, this group of women decided to gather together as many of the domestic violence programs as they could identify in Pennsylvania. Although the Protection from Abuse Act provided the impetus for

networking among battered women's advocates, it became clear that the group shared other goals as well. Advocates quickly realized that there was a great deal of knowledge to learn from and teach one another.

Purpose Of PCADV (Pennsylvania Coalition Against Domestic Violence)

The purpose of the new organization was developed accordingly:

- ❖ To eliminate domestic abuse of women and their dependent children in the Commonwealth of Pennsylvania.
- ❖ To provide services to the victims of domestic violence; services to be provided by member organizations shall include crisis telephone counseling, and/or temporary shelter for the victim and her dependent children, and/or peer and professional counseling, and/or assistance in obtaining community resources, and/or help in acquiring employment skills, and/or work referral.
- ❖ To expose the roots of domestic violence in the institutionalized subservience of women in the culture.
- ❖ To provide quality services statewide and to expand service such that every victim of domestic violence in the Commonwealth may obtain immediate, comprehensive service locally.
- ❖ To do any and all lawful activities which may be necessary, useful, or desirable, for the furtherance, accomplishment, fostering, or attainment of the foregoing purposes, either directly or indirectly, and either alone or in conjunction or cooperation with others, whether such others may be persons or organizations of any kind or nature, such as corporations, firms, associations, trusts, institutions, foundations, or governmental bureaus, departments, or agencies.

Women's Center Herstory

The Women's Center mission statement is as follows: "The Women's Center of Columbia/Montour, Inc. provides direct services for victims of domestic violence and sexual abuse, prevention activities, advocacy, and leadership to the community, aimed at eradicating domestic violence and sexual abuse.

The Women's Center, Bloomsburg was formed in 1974 and incorporated in January of 1976. One of the first programs in Pennsylvania to provide services to battered women and their children and to adult and child victims of sexual assault, The Women's Center has focused on the needs of the women living in Columbia

and Montour counties. The development of services has been in response to these needs. The evaluation of services is an ongoing process to ensure that battered women and their children receive the help they need to begin violence-free lives and that we utilize our resources in the best way possible.

We first offered support groups in order to establish a model of “women helping women” and to end the silence surrounding the critical issues in our lives. It soon became apparent that violence against women--whether battering or sexual assault--was one of the critical issues. To address this problem, we set up a 24-hour hotline, offering counseling and advocacy. Battered women needed a safe place to stay, so volunteers began sheltering women in their homes. Then the office was furnished to accommodate women and children. In 1980 we moved into a shelter, with space for 22 women and children. Over the years we outgrew this space and, in 1992, moved into a larger facility with a capacity of 33. The completion of the new shelter in the summer of 1992 has allowed us to continue offering quality services to the many women and children whose lives have been seriously impacted by violence.

Advocacy efforts uncovered the obstacles faced by domestic violence and sexual assault victims and the need in our communities for training of legal, medical and social service personnel. To sensitize hospital personnel to the problems faced by battered women and sexual assault victims, training was started in 1976; Police training was added in 1978. In 1980, The Women's Center developed a cooperative system with Legal Services in order to handle protection orders in a more supportive manner. The system was further refined and improved during 1984. In 1988 services were expanded to include assisting victims in the preparation and filing of prose protection orders, and in 1993 we began offering legal representation in such cases.

Victims of domestic violence and sexual assault may need medical treatment to recover from the abuse. The Medical Advocacy program started in 1994. The program is one of the first five in the nation to have developed a protocol to recognize and handle the signs and symptoms of domestic violence victims in the emergency department. The Women's Center currently works in conjunction with Geisinger Medical Center, The Bloomsburg Hospital, and The Berwick Hospital.

Working with children informally revealed to staff and volunteers the full impact of violence in their lives. To meet the tremendous needs of these children, a Children's Program--one of the first in the state--was established. Individual and group counseling and structured activities help the children cope with their own victimization and/or the abuse of their mothers, make the transition to shelter, build self esteem and learn new violence-free behaviors. We also offer parenting classes to the mothers.

In response to the high number of physically abused and sexually assaulted children seen at the Women's Center, an educational program (Safekeeping) was developed for children ages 4-12 in 1983. This program is presented in elementary schools yearly. Support groups for child victims of incest were also started in 1983. Over the past 30 years, The Women's Center had developed and implemented other educational programs such as Bullying, Say "NO" to Violence, Relationship Boundaries, Rights in a Relationship, Teen Dating Violence, Date Rape Drugs, etc. to meet the needs of today's society.

Our experience supporting battered women has shown that in order for women to start new lives they need to develop self-confidence and self-sufficiency skills. For the former, we have expanded our group program to include a self-awareness group; in the latter area, we have offered job readiness classes for single parents, displaced homemakers and low-income women.

The counties served by the Women's Center present additional barriers that have influenced service development. The lack of transportation, the isolated communities, the large distances and the rural nature of the area has made access a concern since 1974. Outreach and transportation have been recognized needs. Through police cooperation, we have set up a relay system for transportation to the shelter. To increase accessibility to services we have opened a satellite counseling office in outlying communities. We currently have satellite offices in Danville and Berwick.

We will be celebrating our 30th anniversary in 2004. The Women's Center has grown in expertise and is devoted to improving public awareness about domestic violence and sexual assault. As a result, we have grown not only in the diversity of services offered, but in the number of victims who utilize these services.

FUNDING

DOMESTIC VIOLENCE:

1. Pennsylvania Coalition Against Domestic Violence
 - A. Title **XX** – Federal
 - B. Act **44** - State
 - C. Family Violence Prevention & Services - Federal
2. Department of Community Affairs

SEXUAL ASSAULT

1. Pennsylvania Coalition Against Rape
 - A. Title **XX** - Federal
 - B. Act **44** - State
 - C. # 601 Preventative Health – State

**Module 3 – Reading 1**

Pennsylvania Coalition Against Domestic Violence

Domestic Violence Services/Definitions

A. Eligible Service Recipients:

1. An adult who is subjected to physical abuse or the threat of physical abuse by a family or household member. This individual is referred to as the “Primary Recipient.” “Family or household member” means spouses, parents and children, other persons related by consanguinity or affinity, current or former sexual or intimate partners, or persons who share biological parenthood.
2. A child, under the age of 18, is a dependent of the Primary Recipient of service or an individual under the age of 18 experiencing intimate partner violence or violence in a dating relationship.
3. Significant Other - a family or household member or any other person, other than the person using physical force or the threat of physical force, who relates to the victim in an important way. Examples might be a parent, a sibling or a close friend, etc.

B. Required Services:

All Domestic Violence Programs shall provide the following support and advocacy services to all battered women, their children and other domestic violence victims.

- 24-hour hotline
- Crisis intervention
- Safety planning
- Emergency shelter (or access to) that includes safe homes as appropriate
- Domestic violence counseling/advocacy
- Support/education groups
- Children’s services and advocacy
- Legal systems advocacy
- Other social service advocacy
- Emergency transportation
- Information and referral

In addition, all domestic violence programs will engage in the following:

- Community education/prevention activities
- Training to or with community agencies/systems
- Systems change/systems advocacy activities initiated to effect policy or procedural change

Introduction:

Services provided within a domestic violence program to victims of domestic assault can be characterized as most often crisis and short term. These services are provided within a counseling framework described as supportive and educative.

Supportive counseling is a non-therapeutic helping method that involves listening to and understanding the victim and responding as an informed helper. Supportive counseling may be carried out in a one-on-one setting or within groups. The goal of supportive counseling is to share concern, responsibility and power between the helper and the victim, thereby acknowledging the victim's competence. The victim is provided with support, but the victim makes each decision; supportive counseling can be described as a "self-help" model.

Educative counseling is a non-therapeutic helping method which offers the victim information, resources, advocacy and education for the purpose of restoring the victim's sense of dignity, power and control. Educative counseling builds upon the victim's strengths and assumes that victims heal most effectively when they are given the tools and information necessary to help themselves.

Specific services available from a domestic violence program within the context described above are as follows:

Adult Counseling-Individual

A one-to-one interaction between a trained program worker and an eligible adult client for the purpose of helping the client deal with the actual or threatened physical, mental, sexual or economic abuse. Examples include: information exchange and referral, support, guidance, education and problem solving, and discussing options. Reportable counseling hours must have a clear focus on assisting the victim in developing/working towards plans/goals and should not reflect casual conversations or meetings.

Adult Advocacy

Any intervention by a trained program worker with a helping professional or significant other on behalf of an eligible client. The helping professional could be someone from the civil or criminal justice system, the healthcare, mental health, or social service systems.

Intervention with a third party should have the purpose of benefiting the client with the service plan in mind. Advocacy may also include accompanying a domestic violence victim to appropriate agencies in order to carry out the goals identified in the service plan.

Children's Counseling

A one-to-one interaction between a trained program worker and a child who is:

- a dependent of the Primary Recipient of service or
- who is experiencing intimate partner violence or violence in a dating relationship.

The purpose of the contact is to help the child deal with the actual or threatened violence experienced in the home or in a dating/intimate partner relationship.

Examples of one to one interactions may include: explaining the purpose of the shelter and allowing the child to express fears, concerns, and hopes; a tour of the shelter showing the child's sleeping, eating, and play areas; providing a child with age appropriate information on family violence; support; guidance; problem solving; information exchange, etc.

Other services provided for children such as recreational and social activities, field trips, childcare, nurturance, etc. are considered to be an integral part of programming for children. The time spent providing these services, however, should not be reported as counseling/advocacy.

Child Advocacy

Interventions by a trained program worker with a third party on behalf of a child. The third party could be the non-offending parent, a significant other or a helping professional from child protective services, school, health care, mental health, or another social service system, etc.

Community Education/Prevention

Programs designed to help the public understand the need to stop violence against women and children. Community Education activities may include, but are not necessarily limited to making informational/educational presentations, tabling at a community health fair, being interviewed by a representative from a print or electronic media source, responding to requests for written information, distributing brochures, newsletters and other educational materials.

Group Services

Any services provided by a trained program worker to more than one child and/or adult client at a time, with the purpose of giving support, education, providing necessary information, offering guidance, and/or providing the impetus for change for the purpose of benefiting the client and with the service plan in mind. Group services may refer to a structured, regularly held group that has an agenda or theme (Assertiveness Training, Women's Support, Children's Activity Group) or to a less structured meeting with two or more clients (at the kitchen table with a mother and her child, etc.) where the above services are provided.

Hotline/24-Hour Hotline

An advertised telephone line that provides a domestic violence victim with 24-hour access to a trained program worker. The Hotline worker provides crisis intervention and supportive counseling, needs assessment, information, advocacy and resource referrals.

The goal is to provide supportive, non-judgmental information regarding what options may be available to meet the caller's needs, and to assist each caller to sort out her/his thoughts and feelings, culminating with the development of a safety and service plan.

Information and Referral

Assisting a client to identify and gather information about community resources for her/him self and/or her/his children. Information and referral is documented under the service categories of Counseling, Advocacy or Group Services.

Legal Advocacy

Any one-to-one interaction between a trained program worker and an eligible adult client or a third party on behalf of an adult client, the purpose of which is to explain the criminal justice system, the civil court system or the legal system, the client's rights etc. Legal Advocacy may also include accompanying the client to court, the police station, Legal Services, etc., or interviewing on the client's behalf with representatives of the legal system, the criminal justice system, etc.

Legal Advocacy should have the purpose of benefiting the client with the service plan in mind. Examples of legal advocacy may include issues related to the PFA Act as well as other legal issues such as divorce, custody, etc.

Shelter – Residential (On-Site)

Has 24-hour intake capability and includes room and board for adults and children. Services are designed to provide a safe and supportive environment essential to the individual's/family's protection and maximum participation in program services.

On-site shelter provides an atmosphere conducive to the type of individual and group support uniquely provided by persons sharing similar experiences. Shelter services provided under this contract are not to exceed 30 days in a six month period.

Shelter – Non-Residential (Off-Site)

Emergency shelter, in a local motel/hotel or a private home, not to exceed 30 days in any six month period (under this contract) may be provided when a situation of imminent danger of abuse exists and room and board within a residential shelter program is not available.

Systems Change/Systems Advocacy

Systems Change/Systems Advocacy pertains to personal contacts (made in person or on the telephone) initiated to effect policy and/or procedural change in order to improve a system's (agency's or institution's) response to all abuse victims.

Contacts to effect policy and/or procedural change with the following systems would be appropriate:

- | | |
|-------------------------------|-----------------------------|
| ■ Criminal Justice System | ■ Health Care Agencies |
| ■ Social Service Agencies | ■ School Systems |
| ■ Housing Agencies | ■ Governmental Systems |
| ■ Welfare/Food Stamp Agencies | ■ Women's Services Networks |

Training

Programs designed to develop the skills necessary to meet the needs of domestic violence victims and their children. Examples of this activity would include:

1. Domestic Violence Counselor/Advocate Training:

Forty five-hour (45) training which includes a minimum of 40 hours of didactic and a minimum of 5 hours of supervised practicum experience working with a trained volunteer or staff person. This training must be developed in accordance with the requirements outlined in the PCADV's Program Standards.

2. In-Service Training:

Training within a domestic violence program for volunteers, board members, or staff, to better enable those individuals to meet the needs of domestic violence victims.

3. Training to/with Community Agencies and Systems:

Training outside the domestic violence program, provided to/with other agencies and systems in the community, to better enable those agencies/systems to meet the needs of domestic violence victims.

Transportation

Transportation provided for a domestic violence victim by the program (staff or volunteers) to remove the victim from immediate danger and/or to accomplish the goals identified in the service plan.

Other Definitions:

Differently-abled

Refers to any person who:

- Has a physical or mental impairment which substantially limits one or more major life activities, or
- Has a record of such impairment, or
- Is regarded as having such impairment.

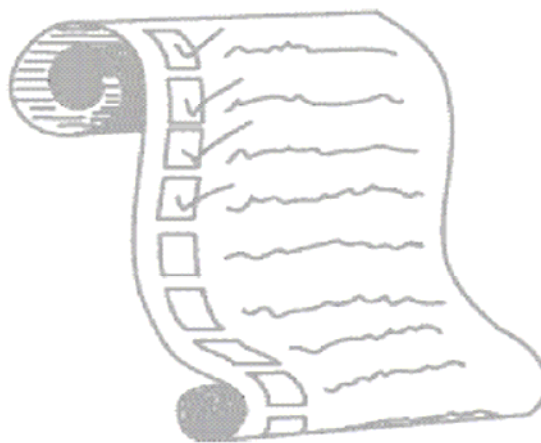
Major life activities are defined as functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. An individual whose activities are limited due to their current abuse of alcohol or drugs is not to be included in this category.

Service/Goal Plan

A service/goal plan is required for every victim receiving domestic violence services. The purpose of the service/goal plan is to outline the goals the client wants to achieve, provide a description of the steps to be taken by, and on behalf of, the client and the services to be provided by the program (examples: accompaniment, advocacy, referrals, emergency shelter). The staff or volunteer should discuss and prepare this service/goal plan in conjunction with the client. The service/goal plan should be updated on a regular basis to include follow-up information and any changes as may occur. The service/goal plan must be retained in the recipient's file with a service log documenting the nature of the service(s) provided and the actual time spent providing the service.

Trained Program Worker

A paid or unpaid program worker who answers the hotline and/or provides services and who has a minimum of 45 hours of documented training as outlined in the PCADV Program Standards.





The Women's Center, Inc. advocate training follows the Pennsylvania Coalition Against Domestic Violence (PCADV) JARS curriculum: JUSTICE, AUTONOMY, RESTORATION AND SAFETY. The "JARS Curriculum" theme reflects the advocacy goals of justice, autonomy, restoration and safety, and presents a woman-centered and empowerment approach for advocates working with victims of domestic violence and their children. This curriculum will be the primary tool for imparting the basic levels of knowledge and skills new advocates need in order to assume their respective roles in working with battered women and their children.

The goals of the "JARS Curriculum" are:

- To provide the core foundation of essential knowledge and skills for staff who provide direct services to battered women and their children
- To develop and enhance an advocate's knowledge and skills consistent with the philosophy and standards of PCADV

JARS

The "**core foundation**" refers to a basic level of information and skills development sufficient for new advocates to:

- ✓ Provide initial safety-focused responses to survivors and their children
- ✓ Answer hotline calls
- ✓ Conduct initial interviews to establish a victim's needs
- ✓ Identify available program assistance
- ✓ Provide services as a family's needs dictate

The materials and activities have been prepared to address the overarching training needs of advocates, not their specific responsibilities.

For further information or to view this information in full, please see page 3 of the participants manual: Justice, Autonomy, Restoration and Safety: A training for Domestic Violence Advocates PCADV, 2005



Module 3 – Reading 3

J-A-R-S: The Goals of the Battered Women's Movement

Justice:

Access to opportunities and resources that assure battered women/survivors receive responses from systems and communities that maximize safety and hold batterers accountable. Advocacy is individual and systemic. It involves political change and social justice change. We use reforms and our free voices in a democracy that permits protest and civil disobedience. We are a movement for social justice change.



"A feminist movement encouraged women to organize on their own behalves; it helped spawn many forms of women's movements and led to the creation of a multitude of reforms and new kinds of services. Although in 1982 many felt that a progressive women's movement was less visible and perhaps dying, the view from the battered women's movement suggests a different assessment. As long as feminist and grassroots women's shelters exist in hundreds of towns across the country, a progressive women's movement with diverse politics is very much alive. Although this movement is difficult to categorize, its fierce commitments to women's self-determination, self-organization, and democratic participation declare it an important bearer of a liberating vision." (Women and Male Violence: Visions and Struggles of the Battered Women's Movement, by Susan Schechter. (1982), page 314)

Autonomy/agency:

Because battered women are part of the larger class of women we recognize that we all have suffered the oppression of subordination by male society. We actively encourage the battered woman to take her own steps to safety. We may not agree with her decisions or actions but we respect her authority to act on her own behalf – it is, after all, her life. By doing this in a supportive environment, we are helping her overcome the oppression of male violence in her life and increasing her skills to live apart from her abuser.



"We were not providing social services. As staffers, we were no different from the women except that they were in crisis. We only gave people safety and information. We emphasized women have to make their own decisions. Support came sitting around the dining room table and while doing advocacy. Our advocacy model was a woman who went to welfare yesterday taking another woman today. If you caretake, you don't give a woman what she needs. Shelters where women went back to their husbands were often shelters where they had been taken care of as opposed to being helped to develop survival skills. This doesn't prepare the woman for living on her own in an often hostile world." (Schechter, page 67).

Restoration:

Our work is not only to keep her safe and encourage her autonomy. We must help her move back into the position she would have been in had the abuse not occurred. This is done through advocacy for justice and equality. We should never take our subordination by the oppressor for granted. She and we need the material goods and services to overcome the oppression that hold her and us in our oppressed position. It includes assisting women who have never known life without violence to vision what it would look like, what it would take for her to feel safe, including material goods and resources.



"Material preconditions must exist to end violence against women. These conditions - shelter, adequate jobs, incomes, free health care, affordable housing, and child care - are essential to allow women independence from violent men and to enable all people to live decently. It is questionable whether this is possible under capitalism. In a privatized, capitalist economy, the social purposes and values of women's work disappears; women are easily degraded, subject to the whims of their husbands and isolated from the support of other women. Resources must be available in the form of goods, services, and jobs so that power relations between men and women in the family are equalized." (Schechter, page 238).

Safety:

We work to create a safe place she can go. We assist her in defining safety for her. We work to remove the barriers to her struggle to live a violence free life. We work to remove the oppression and subordination she has lived under with her batterer and with society as a whole.



"In feminist shelters, women created a new morality which was in sharp contrast to the ethos within competitive, male dominated organizations and the heartless bureaucracies around them. They developed their own organizational forms, celebratory events, music, and measures of success. As a reaction to the isolation and as an affirmation of women, activists tried to form a sustaining sisterhood, a community with new cultural norms." (Schechter, page 77).

Women and Male Violence: Visions and Struggles of the Battered Women's Movement,
by Susan Schechter. (1982)



Module 2 – Reading 6

The Story: Important Stages of the Battered Women's Movement in the United States

The Story Page describes the history of the domestic violence movement in the United States. The information presented on this page is our best attempt to capture historical events and occurrences related to the domestic violence movement.

Stage One	(early 1970s)
Stage Two	(mid- to late 1970s, through early 1980s)
Stage Three	(mid- to late 1980s, and into the present)
Stage Four	(late 1980s into the 1990s)
Stage Five	(1990s to present)

Stage One: Women Break the Silence (early 1970's)

Around kitchen tables, in laundromats, in college classrooms, and at community meetings, women began to talk with one another about a troubling reality in their lives: that abuse, degradation, violence, and fear were hidden dimensions of their intimate relationships. It was not individual abrogation, but an experience shared by hundreds of women in any given neighborhood or community. These first discussions put a name to this hidden issue, and women began to talk publicly about “domestic violence.” We began to talk, and to work together to respond—neighbor to neighbor, sister helping sister. The first stage had a distinct self-help focus with emphasis on consciousness-raising at the group level.

Once feminists encouraged battered women to “speak out” and tell their stories, as women in the anti-rape movement had done, the circumstances of the battered woman and the rape survivor proved remarkably alike. Both were doubted and disbelieved, both were charged with making false accusations, both were blamed for provoking the violence, both were said secretly to enjoy it, both were blamed for not preventing it themselves, both were shamed into silence—both were victimized by unrestrained male power. And as more and more abused women spoke out, the numbers began to add up: millions of women of all races and social classes isolated

with the men who abused them in individual homes all across the country—with no place to go.¹

This early movement took its shape from the form and substance of women's stories of abuse and degradation at the hands of their husbands and boyfriends, and found its energy in the pain and strength of women's voices as they shared their lives with one another.

Stage Two: Women's Needs for Safety Were Recognized (mid- to late 1970's through early 1980's)

As the silence was broken, the need for services was identified as a collective issue, rather than as an individual need. A primary focus of stage two of the movement was to create safe spaces to which abused women could escape when home was no longer safe. The first safe houses were literally in women's homes, opened up to other women and children in danger. Gradually, as the secrecy and shame shrouding domestic violence was challenged by battered women speaking out, the demand for safe, temporary housing became too great; the first battered women's shelters were borne of extreme need.

Small, home-like structures were established where women could find support, guidance, and hope from other women facing the same struggles. The model was one of self-help and empowerment, emphasizing safety planning and healing through peer support.

We wanted women to be able to take control of their own lives and share in an environment, which supported their doing just that. For many women and children, being at the shelter may be the first time they have been outside the controlling authority of an abusive relationship. Each woman who lives and works in the shelter is encouraged to trust herself to make decisions, which are best for her.²

Links to other issues (like sexual assault) were made. Women began to articulate the problem of violence against women as a crime, and organizing spread beyond the local level to statewide and eventually national efforts. As the understanding of the problem of violence against women as a social problem was refined, key dimensions were identified:

- It could happen to any woman.
- Perpetrators (predominantly men) were the problem, not those experiencing the abuse (this was not a problem related to the victim's personality).
- Consequences are serious and potentially long-term.
- Society needs to change to protect women at risk.

During this phase, domestic violence was defined as a feminist issue and social change was considered prominently among the responses.

Stage Three: Women Demanded Accountability from the System (mid- to late 1980's and into the present)

Battered women and their allies realized that the issue was not only that women were vulnerable in the private sphere, but that part of the vulnerability was created by the lack of accountability from social systems designed to protect citizens in general, and crime victims in particular. Therefore, considerable effort was placed on holding public systems accountable for safety and justice for battered women. Advocacy work became the focus (shifting from consciousness-raising, which characterized stages one and two).

One of the first institutions to receive the attention of the battered women's movement was the criminal and civil legal system, the system to which battered women routinely turned for protection and redress. The early and ongoing work of the movement included pressuring many states to enact more comprehensive and effective laws against domestic violence, including:

- criminal and civil protection order statutes
- mandatory and pro-arrest statutes in responses to domestic assaults
- stronger sentencing and monitoring provisions for convicted offenders
- protection against divorce and visitation practices that jeopardized women's and children's safety
- laws to restrict the availability of guns.

Domestic violence curricula, which placed a priority on safety for victims and accountability for the offender, were developed as part of police training, as well as for judges, court personnel, corrections officials, and even court translators. "Court watch" programs were established to monitor the effectiveness of training and the implementation of existing laws. "Gender bias" task forces were established in many jurisdictions to document and challenge discriminatory treatment of battered women and their children by state and local court. Importantly, this work proceeded with advocates voicing that legal reforms could only work in tandem with other efforts.

From the beginning, these criminal and civil legal reforms have progressed because of the integration of battered women's experiences and domestic violence advocates' day-to-day assistance to victims. As advocates helped women negotiate the court system, they experienced institutional responses that were biased, victim blaming, uncoordinated, confusing, and worse, endangering to women and children. With this information, strategies to change public policy and system operations were identified and prioritized. Easy to read manuals informing women about their legal rights and describing court policies and practices and how to access protections and services were developed to assist women in understanding and utilizing the system.

Health care and medical institutions also became a focus of the domestic violence movement. Later, child welfare agencies were identified as institutions that often limited the options for safety and justice for battered women. This, along with

leadership from advocates working directly with children in domestic violence shelters and programs, led to the shift in focus from “battered women” to “battered women and their children.” Analysis, policy, practice, and public education efforts were targeted for change.

***Stage Four: Women's Experiences Are Accepted as Legitimate and the Movement Is Mainstreamed
(late 1980's into the 1990's)***

Based on the experiences and demands of battered women and their allies, considerable changes in institutional policies and procedures were made. The fourth stage institutionalized system accountability; the need for safety; the rights to protection; and access to services. Public awareness campaigns were initiated on the local, state, and national levels. Foundations and government agencies funded research efforts and large projects were undertaken to identify model intervention programs. In the 1990s, system reforms that began in the 1980s expanded significantly and now included a focus on a broader set of systems, including welfare systems and policy issues, such as housing, mental health, substance abuse, and childcare. National surveys showed the extent of the problem, which prompted new advocates from other arenas.

Grassroots advocacy, social change, and consciousness-raising efforts shifted in many communities to more mainstream approaches (research and evaluation, reform, training, etc.). Part of this shift was related to the fact that more mainstream groups were involved in the work and did not understand or agree with the more radical tenets of the movement. This paradox of new tensions and tremendous opportunities led to some strategy shifts from challenging institutions to “coordinated community responses.” However, key to increased public attention was a sympathetic Federal administration, congressional leadership, and the nation's concern about crime. Violence against women found a home in national debates about safety and the “rights of crime victims.” This has had a mixed effect on our work, including further alienation of some communities.

Stage Five: Women Reconsider the Approaches and Return to the Issue of Organizing (1990's to present)

There is agreement that many women are much safer thanks to the battered women's movement. However, there are some places in the United States where this work is still in its early stages: rural communities, communities of color, Native American reservations, immigrant groups, incarcerated women, women with disabilities and others whose unique circumstances have lacked the attention by mainstream advocacy. Local and national organizing efforts have renewed and have focused on accountability, this time, for mainstream advocacy. With the remarkable success of this anti-violence against women movement begun over 30 years ago, a network of services is now present where there were none. Currently, there are approximately 1,900 local domestic violence programs and state domestic violence coalitions in every state, the District of Columbia, and Puerto Rico. In addition, there is significant policy reform, funding for violence against women research, and increased public awareness of a once hidden part of daily life for countless women and their children.



Prepared by Dr. Beth E. Richie, Associate Professor of the Departments of Criminal Justice and Women's Studies at the University of Illinois at Chicago and Ms. Anne Menard, domestic violence consultant, activist and former Director of the National Resource Center on Domestic Violence, drawing thoughts and information from other individuals working in the domestic violence community.

CONFIDENTIALITY

The victim services that The Women's Center, Inc. provides necessitates that certain personal information about service recipients be collected and recorded. Due to the nature of our services and to the importance of establishing and maintaining victim trust, it is imperative that we adhere to a strict policy of confidentiality. **All** communication between the victim and staff members or volunteers is confidential. Information may be released only after a victim has given consent in writing, unless:

- ❖ Disclosures are necessary in order to facilitate the transfer of victims between shelters.
- ❖ A situation of incompetence exists and a legal guardian has been appointed for the victim.
- ❖ A life-endangering emergency exists.
- ❖ A situation involving child abuse exists.
- ❖ A staff member receives a subpoena relating to a victim of the Women's Center, Inc. The Executive Director must be contacted *immediately*.

It is mandatory that all Women's Center staff members, board Members and volunteers sign a Confidentiality Agreement. This signed agreement will be kept in the staff member's personnel file. Agreements that have been signed by board members will be kept in a separate file as well as those signed by volunteers. Failure to adhere to this policy may result in a reprimand or dismissal.

CONFIDENTIALITY AND CHILDREN CHILD SEXUAL ASSAULT

The sexual abuse of children is a growing problem in our society. As a Women's Center advocate, one will be dealing with child victims and those close to them at various times. The following information should be helpful to you during those sessions.

- ❖ **For Women's Center record keeping purposes anyone under the age of 18 is considered a child.**
- ❖ **Confidentiality does not apply to the counseling of a child who is in danger.** We must report all suspected or documented child sexual assault to authorities.
- ❖ **If, while you are working at the Women's Center, you witness, are told of, or suspect child abuse or child sexual assault, please contact the**

Women's Center's Children's Advocate. She will then notify the Director and report the incident to the appropriate agency.

Reports can be made to the following:

- 1. Local Children and Youth Agency**
- 2. Child-Line: PA child abuse hotline**
- 3. Local police**

Confidentiality does apply to feelings or specifics that a child might discuss during counseling. A child should be assured that they could talk privately about their feelings, but that you will have to tell someone else (authorities) about any type of abuse that puts the child in danger.

A. Counseling with children can be very different than counseling with adults.

Listed below are several different techniques that can be used to help children best pinpoint and work through their feelings.

1. One-to-One

- a. Talking and discussion
- b. Role-playing
- c. Puppets
- d. Stories, books
- e. Films

2. Support groups - help children to share experiences with other people their age who have also experienced sexual abuse.

Releasing of Information with Consent of Victim/Survivor

- ❖ The victim/survivor must sign a release of information form, detailing the information to be released, to whom and the purpose therefore.
- ❖ In cases involving minors, the minor's parent(s) or legal guardian will make the decision whether or not records shall be released. If it is determined that the minor is old enough to participate in the decision to release information, the Women's Center will encourage and facilitate that participation. When information is released based on the consent of the parent(s) or legal guardian, the minor victim/survivor shall be informed.
- ❖ When more than one person is involved in a counseling situation, then the consent of all parties must be obtained for the release of any information is to be disclosed.
- ❖ The victim/survivor has the right to revoke this consent at any time. This must be submitted in writing.

Victim/Survivor's Written Consent.

- ❖ Disclosure may be made to another shelter/program in order to accomplish the transfer of a victim/survivor or services for the victim/survivor. This release may only be to other domestic violence or rape crisis programs under contract with DPW or members of PCADV or PCAR. Disclosure should only include the intake, and service plan of the victim/survivor, along with any court pleadings or orders.
- ❖ Disclosure of a case file will be made to the legal guardian of any incompetent victim/survivor. The legal guardian must provide a certified copy of his/her appointment and affirm that the appointment is current before disclosure is given. Likewise, the victim/survivor should be advised that disclosure is anticipated.
- ❖ Where a medical emergency exists and information from the file is required to save the life of a victim/survivor or a victim/survivor's child and the victim/survivor.
- ❖ Is not able to authorize the release or the victim/survivor cannot be timely found.
- ❖ Information limited to the medical emergency will be disclosed to the medical institution treating the victim/survivor or his/her minor child.

Where an employee of the Women's Center, Inc. has had face-to-face contact with a child and concludes that child has been abused either physically or sexually, a report of suspected child abuse must be made to the local Child Protection Services agency.